



# Application form

Please complete ALL areas in CAPITAL LETTERS and return to the Enterprise Department.

## A. COURSE DATES CONFIRMATION (please tick box)

- Long Weekend Programme 20 May – 24 May 2016, a 5 day schedule, CHF 850
- 5<sup>th</sup> Form Exam Programme 22 May – 24 May 2016, a 3 day schedule, no charge for this programme
- 5<sup>th</sup> Form Long Weekend Exam Programme 20 May – 24 May 2016, a 5 day schedule, CHF 400

## B. STUDENT DETAILS

Family name .....

First name .....

Boy  Girl Date of Birth .....

Religion .....

Nationality .....

## D. MEDICAL INFORMATION

(Please can you make sure that we are up to date with your child's medical information below, please tick the relevant answer)

Is he/she allergic to anything? (e.g. penicillin, antibiotics, aspirin, bee/wasp stings, shell fish, nuts, strawberries, etc)? *If so, which one(s)?*  Yes  No

.....

Does he/she receive any medication?  Yes  No

Which medication? .....

For the treatment of: .....

Does he/she require any special diet?  Yes  No  
*If so, which foods should be avoided?*

.....

## C. PARENT(S) / GUARDIAN(S) DETAILS

Family name .....

First name .....

Relationship to student .....

Address during Vacation course:

.....

.....

Tel. (Home) .....

Mobile .....

Email .....

## DECLARATION

I declare that the information given above is correct. I confirm that payment will be made within 30 days of receiving the invoice. I have read and understood the 'General Information' and 'Conditions of Acceptance' (including the cancellation policy) as set out on the school website and I agree to the terms therein. In the event of accident or emergency, I authorise the Houseparent to take such action as may seem necessary at the time in question.

Signature of parent or guardian: ..... Date: .....